AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position as a 911 telecommunicator in the State of South Dakota, I am required to furnish information for use in determining my moral, physical and mental qualifications. In this connection, I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature, to include internal investigation files.

I hereby release you, your organization, or others (including the Military National Personnel Records Center/National Archives Administration) from any liability or damage which may result from furnishing the information requested.

I understand that a background investigation will be conducted to verify the authenticity and completeness of the information furnished by me.

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries made by me above are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

I further agree and consent in advance to being summarily discharged without cause or hearing if any of the above information contains any misrepresentations of falsification or if any material information has been omitted.

Signature of Applicant	-	Date